

**Congress of the United States**  
**Washington, DC 20515**

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February 7, 2022

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington DC 20201

The Honorable Janet Yellen  
Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington DC 20200

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

Dear Secretary Becerra, Secretary Yellen, and Administrator Brooks-LaSure,

As members of Georgia's Congressional Delegation, we are writing to express our support for Georgia's approved Section 1332 Waiver, Georgia Access, – both for Part I, the Reinsurance Program, and Part II, the Georgia Access Model, which are designed to work together to improve accessibility and affordability of quality health insurance for all Georgians.

For too long, Georgia's most vulnerable communities have suffered from limited, high-cost healthcare options. Since the establishment of HealthCare.Gov, Georgia's individual insurance market has failed to stabilize. As recently as 2019, only four insurance carriers offered coverage in the Georgia market, and premiums varied across the state with consumers in underserved and rural communities experiencing higher costs than consumers in metropolitan areas. As a result, between 2016 and 2019, over 129,000 consumers voluntarily left the federal platform.<sup>1</sup> Today, there are over one million Georgians eligible for subsidized health insurance coverage on the Federally Facilitated Exchange (FFE) who opt to remain uninsured rather than shop on the federal platform due to the failures of Healthcare.Gov.<sup>2</sup> This demonstrates that the one-size-fits-all approach of the federal exchange is failing in Georgia.

Georgia Governor Brian Kemp worked in collaboration with the Centers for Medicare & Medicaid Services (CMS) to develop Georgia's two-part 1332 waiver application to address the needs of Georgians and meet the statutory guardrails of the Section 1332 program. As a result of

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<sup>1</sup> Georgia's Section 1332 Waiver. <https://medicaid.georgia.gov/document/document/modified-1332-waiver/download>

<sup>2</sup> There are 1,382,983 uninsured residents in Georgia. 1,037,647 are above 100% of the FPL based on the U.S. Census Bureau American Community Survey 2019 5-Year Estimates.  
<https://data.census.gov/cedsci/table?t=Health%20Insurance%3APoverty&g=0400000US13&tid=ACSDT1Y2019.B27016&moe=false>

the Section 1332 Waiver, Georgia's health insurance market is improving, and local consumers are reaping the benefits. For Open Enrollment 2022, premiums decreased by an average of 12 percent statewide, with savings up to 30 percent in rural and underserved communities that have traditionally had only a few, high-cost options. Additionally, consumers now have more choices in insurance plans with a total of eleven carriers offering coverage in Georgia in 2022 compared to only four carriers in 2019. The increase in participating health plans and lower premiums are a direct result of Georgia Access and the Kemp administration's continued engagement with private sector entities over the last two years to increase competition and consumer choice in the market.

Georgia Access will improve access to and enrollment in quality health insurance coverage across Georgia's demographically diverse and rural communities. In designing the 1332 Waiver, the state effectively demonstrated to federal agencies that Georgia Access "satisfies the coverage guardrail" and includes "safeguards aimed to ensure it will not result in a decrease in enrollment."<sup>3</sup> Governor Kemp has made a clear commitment to a comprehensive strategy that ensures the successful transition of consumers to Georgia Access. This includes \$5 million in funding to conduct a robust Public Awareness Campaign – nearly double the federal government's current allotment for Georgia's navigator funding – and an auto re-enrollment process for current HealthCare.Gov consumers during Open Enrollment 2023. Taken together, these initiatives will help ensure Georgians currently enrolled in coverage will not lose their coverage during the transition to Georgia Access.

Under Georgia Access, consumers will:

- Have greater choice to shop for and enroll in coverage through a diverse network of state-certified web-brokers, carriers, and agents;
- Will still enjoy a one-stop-shopping experience to compare plans across carriers using the web-broker platform of their choice;
- Continue to have the same accurate, transparent, and unbiased information about the insurance plans available to them as is currently displayed on HealthCare.Gov;
- Have access to expanded consumer choice by enabling web-brokers and carriers to display all available health plans that are regulated by Georgia's Office of Insurance and Safety Fire Commissioner (OCI), including plans currently offered through HealthCare.gov and those available in the wider market.

Additionally, both web-brokers and carriers must adhere to strict consumer protection standards and plan display requirements to enable consumers to clearly and easily understand which plans are eligible for federal subsidies. Today, consumers must navigate through multiple sites, carriers, and brokers to find all plans available to them on and off the exchange. Under Georgia Access, consumers will be empowered to make an informed decision to select the plan that is best for them.

Furthermore, rather than destabilizing the individual market and undermining federal statute, Georgia Access works within the parameters of federal law to strengthen the state's individual

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<sup>3</sup> [1332-GA-Approval-Letter-STCs.pdf \(cms.gov\)](#)



market. In fact, 18 other states have chosen to separate from Healthcare.Gov to better serve their populations through state-based exchanges. Some of these states include California, New York, Rhode Island, Connecticut, Vermont, New Mexico, New Jersey, and Massachusetts. Like these 18 states, Georgia is pursuing Georgia Access to better serve the state's population and reduce Georgia's uninsured population through an enhanced consumer shopping and enrollment experience in our individual market rather than a one-size-fits-all federal enrollment platform.

Make no mistake – Georgia Access will not negatively impact individuals currently enrolled or seeking to be enrolled in Medicaid or PeachCare for Kids – Georgia's Children's Health Insurance Program (CHIP). Rather, consumers will benefit from the Georgia Access approach because eligibility for both the individual market and Medicaid/CHIP will be performed by the state – an enhancement from today's process whereby potentially Medicaid-eligible Georgians on the FFE must then be referred to the state for Medicaid determination. Streamlining the eligibility referral process for the individual market and Medicaid/CHIP will ensure a more seamless and efficient transition between the programs.

While Washington has sought to bolster the federal exchange in recent months through a series of short-term policy changes in the American Rescue Plan Act (ARPA), these temporary changes will have no long-term impact beyond 2023 on the systemic challenges Georgians are facing as a result of HealthCare.Gov.<sup>4</sup> We strongly believe that Georgia Access is a critical initiative with the potential to transform how Georgians shop for and enroll in healthcare coverage and, ultimately, reduce the state's uninsured population. We encourage you to look at the facts of Georgia's waiver and recognize our state and its citizens require a tailored, state-based approach to delivering accessible health insurance coverage. Georgia needs Georgia Access.

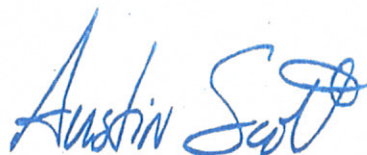
Sincerely,



A. Drew Ferguson, IV D.M.D.  
Member of Congress



Earl L. "Buddy" Carter  
Member of Congress



Austin Scott  
Member of Congress



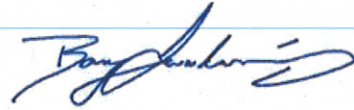
Jody Hice  
Member of Congress

<sup>4</sup><https://www.cbo.gov/system/files/2021-02/hwaysandmeansreconciliation.pdf>



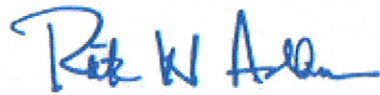
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Marjorie Taylor Greene  
Member of Congress



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